SUPPLEMENT

The Week

A personal view of current medicopolitical events

At least health authorities can be thankful that their treasurers and managers are not having to monitor the stock market crash. Authorities beset by overspending and those districts needing to find money for repairs of the (uninsured) storm and flood damage—the National Association of Health Authorities has estimated that the storm bill for South East Thames Regional Health Authority alone will be around £15 million—will be able to concentrate on the job in hand without having to worry about how much their organisation is suffering from the chaos in the international financial markets. (The consequences of that will no doubt hit the public sector later.)

Meanwhile the chairman of the national association has pointed out that unlike local authorities, which are able to raise funds through local ratepayers, health authorities have no alternative but to seek help from the government. He urges ministers "to pledge their support without delay." So far I have not heard the whisper of a promise let alone a pledge, but I trust that health ministers will respond.

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The media have been as active as ever, telling their audiences what financial straits the NHS is in, and never short of lurid practical examples. Adding to the gloom this week are reports of aggression spreading in accident departments, of the risks to patients of junior doctors' fatigue—another public boost in the juniors' campaign to reduce their working week to tolerable levels—and of extensive bed closures at St Thomas's Hospital, London, with consultants offering 5% of their salaries to keep one ward open. Soon, indeed perhaps already, patients will be asking themselves whether it is safe to enter hospital at all. Of course in the vast majority of cases the answer remains yes. But that the NHS continues to provide the service it does is largely owing to the dedication of staff. Disillusionment among doctors and nurses is, however, worsening. Management decisions too often seem to override clinical realities, and, sadly, hastily imposed savings plans are setting staff against staff, departments against departments, and hospitals against hospitals. Admittedly, doctors despondent at seeing years of hard work and development going down the drain or promised projects vanishing like so many mirages are only being human when they eye the department down the corridor, the unit over the road, or the hospital across the district as a more suitable sacrificial victim than their own cherished wards. Nevertheless, this is a time when unity among the medical profession and between health professionals is essential.

Readers may be as fed up with reading as I am of writing about the NHS's finances. I know that in some districts money is tight rather than dangerously short, and I acknowledge the arguments of those who claim that there is scope for further savings. Even so, I believe that the health service is more seriously afflicted than the government is willing to acknowledge. Unless the Secretary of State, John Moore, admits this publicly and is seen to be trying to obtain more money for the NHS staff morale and commitment will continue to fade and hospitals may indeed become unsafe.

The crunch may well come because of a lack of trained nurses, a trend already affecting London. Unlike doctors they can quite easily switch out of health care into jobs with reasonable hours, less stress, and comparable and often better pay. Quite a few have already done so. If matters do not quickly improve a dangerous number may do so.

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Certainly general practice would bear the brunt of any major reduction in hospital services, as it did when some consultants worked to their contracts in 1976 during the profession's confrontation with Barbara Castle, the Labour government's then Secretary of State for Social Services. There are those who argue that general practitioners should take on more of their patients' health care, thus lessening the load on expensive hospital services. John Moore, having spent the summer recess doing his homework on the NHS, has joined this camp, according to the forecast of John Warden, our parliamentary correspondent (p 1151). The forthcoming white paper on primary care, which under Norman Fowler's authorship would probably have registered two on the medicopolitical Richter scale, will with Mr Moore in charge probably register force six. My humble forecast is that 19 November, when I expect the proposals to be published—and when the General Medical Services Committee holds its routine monthly meeting—will be a medicopolitical date to remember.

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Finally, let me briefly record one major non-event and one major event. On 23 October the government published its latest tranche of legislation on trade union reform. Thankfully, the BMA and other professional organisations on the special register in the 1974 Trade Union and Labour Relations Act are excluded from the latest proposals so the BMA will, parliament permitting, continue to operate under its existing constitution. The major event is that as the *BMJ* goes to press the government has published its action plan on hospital medical staffing (p 1152), the outcome of extensive discussions on the 1986 document *Achieving a Balance* between representatives from the government, the Joint Consultants Committee, and the regional health authority chairmen. I hope to comment on that next week.

SCRUTATOR